

03-12-01 A

Express Mail Mailing Label No. EL702625025US

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. ACX-128CP

First Named Inventor Spangler

Title METHOD AND DEVICE FOR VIBRATION CONTROL

TO/60760

10520 U.S.P.T.O.

03/06/01

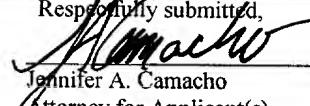
APPLICATION ELEMENTSADDRESS TO: Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

- | | | |
|--|---|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form | <u>ACCOMPANYING APPLICATION PARTS</u> | |
| 2. <input type="checkbox"/> Small Entity Status
<input type="checkbox"/> Applicant claims small entity status
<input type="checkbox"/> Status established in prior application and is still proper and desired | | |
| 3. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 61]
- Written Description - (33 pages)
- Claims - (2 pages)
- Abstract - (1 page)
- Sheets of Drawings - (25 sheets)
<input type="checkbox"/> Formal
<input checked="" type="checkbox"/> Informal | 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)
<input type="checkbox"/> Power of Attorney | |
| 4. <input type="checkbox"/> Oath or Declaration [Total Pages]
a. <input type="checkbox"/> Newly executed (original)
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
<i>(for continuation/divisional with Box 17 completed)</i>
<i>[Note Box 5 below]</i> | 9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) | |
| 5. <input type="checkbox"/> Incorporation by Reference (usable if Box 4b is checked)
The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449
<input type="checkbox"/> Copies of IDS Citations | |
| 6. <input checked="" type="checkbox"/> Application Data Sheet | 11. <input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Drawings [Total Sheets]
<input type="checkbox"/> Letter to Official Draftsperson Including Drawings [Total Pages] | |
| 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Paper Copy (identical to computer copy)
<input type="checkbox"/> CD (identical to computer copy)
<input type="checkbox"/> Statement verifying identity of above copies | 12. <input checked="" type="checkbox"/> Return Receipt Postcard | |
| 17. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION, This is a
<input type="checkbox"/> continuation <input type="checkbox"/> divisional <input checked="" type="checkbox"/> continuation-in-part of prior application Serial No. 09/491,969, filed on January 27, 2000, the entire disclosure of which is incorporated by reference herein--
Priority to the above application(s) is claimed under 35 U.S.C. 120.
Prior application information: Examiner: _____ Group/Art Unit: 3632. | 13. <input type="checkbox"/> Certified Copy of Priority Document(s) | |
| 18. <input type="checkbox"/> Priority - 35 U.S.C. 119
<input type="checkbox"/> Priority of application Serial No. _____ filed on _____ in _____ is claimed under 35 U.S.C. 119.
<input type="checkbox"/> The certified copy has been filed in prior U.S. application Serial No. _____ on _____.
<input type="checkbox"/> The certified copy will follow. | 14. <input type="checkbox"/> Deletion of Inventor(s)
Signed statement attached deleting inventor(s) named in the prior application. | |

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

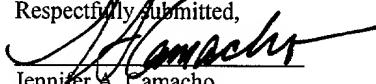
SIGNATURE BLOCK

Respectfully submitted,

 Date: March 9, 2001
 Reg. No. 43,526
 Tel. No.: (617) 248-7476
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Jennifer A. Camacho
 Attorney for Applicant(s)
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10/03/01
U.S. PTO
FEE TRANSMITTAL
FY 2001

<i>Complete if Known</i>	
Application Serial Number	Not yet assigned
Filing Date	Herewith
First Named Inventor	Spangler
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket No.	ACX-128CP

METHOD OF PAYMENT		FEES CALCULATION (continued)		
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES Large Entity Small Entity Fee (\$) Fee (\$) Fee Description Fee Paid 130 65 Surcharge - late filing fee or oath 50 25 Surcharge - late provisional filing fee or cover sheet 130 130 Non-English specification 2,520 2,520 For filing a request for reexamination 110 55 Extension for reply within first month 390 195 Extension for reply within second month 890 445 Extension for reply within third month 1,390 695 Extension for reply within fourth month 1,890 945 Extension for reply within fifth month 310 155 Notice of Appeal 310 155 Filing a brief in support of an appeal 270 135 Request for oral hearing 130 130 Petitions to the Commissioner 50 50 Petitions related to provisional applications 180 180 Submission of Information Disclosure Statement 710 355 Filing a submission after final rejection (37 CFR 1.129(a)) 710 355 For each additional invention to be examined (37 CFR 1.129(b))		
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. 3. <input type="checkbox"/> Applicant claims small entity status.				
FEES CALCULATION				
1. FILING FEE				
Large Entity Fee (\$) Fee Description Fee Paid 710 Utility filing fee 710.00 320 Design filing fee 150 Provisional filing fee				
Total Claims	Number Filed	Number Extra	Rate	Amount
	12	- 20 = 0	x \$ 18.00 =	0.00
Independent Claims	2	- 3 = 0	x \$ 80.00 =	0.00
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$270.00 =		
TOTAL: 710.00				
SMALL ENTITY DISCOUNT: 0.00				
		SUBTOTAL (1)	(\$)	
		710.00		
2. AMENDMENT CLAIM FEES				
Claims	Highest No.	Present	Rate	Fee Paid
Remaining	Previously	Extra		
After Amend.	Paid For			
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 80.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$270.00 =		
		TOTAL:	(\$)	
		SMALL ENTITY DISCOUNT:	(\$)	
		SUBTOTAL (2)	(\$)	
		0.00		
SUBTOTAL (3) (\$) 0.00				
SUBTOTAL (1) 710.00				
SUBTOTAL (2) 0.00				
SUBTOTAL (3) 0.00				
TOTAL (\$) 710.00				
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK		
Direct all correspondence to:		Respectfully submitted,  Jennifer A. Camacho Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		